Registering as an Individual Provider for Illinois Department of Public Health Meaningful Use

Please read before proceed with the survey

Select the Individual Option when:
- You are registering for an Eligible Professional (EP) or individual provider under a single Provider Site
- You are registering for an individual Eligible Hospital (EH)

Select Multiple Provider Option when:
- You are registering multiple Eligible Professional (EP) or providers under a single Provider Site
- You are registering multiple Provider sites with either multiple Eligible Professional (EP) or providers listed under each site (sites must be connected to the same EHR server/database location)
- You are registering for multiple Eligible Hospital (EH) sites (all sites must be connected to the same EHR server/database location)

Home Screen: EHR Incentive Program Info			
Survey Question	Required?	Definition	Additional Information
Are you registering for Illinois Public Health Meaningful Use Stage 1 or 2?	Yes	Click on either Stage 1 or Stage 2	Registration of Intent is required by federal ONC for Stage 2. However, IDPH is using this Registration database to track and process Stage 1 onboarding requests.
Are you applying for the Medicaid/Medicare EHR incentive?	Yes	Click on Yes or No	If you are not applying for the EHR Incentive program you should still complete the registration process. Following this process will ensure that you receive the HL7 credentials and connectivity information you will need to submit HL7 messages to IDPH.
Registering As:	Yes	Click on Individual Provider/ Hospital	
Select each of the following public health systems for which you intend to onboard. • ICARE (Illinois Comprehensive Immunization Registry Exchange) • ELR (Illinois Disease Surveillance System Notifiable Lab Reporting) • ISSS (Illinois Syndromic Surveillance System)) • ISCR (Illinois State Cancer Registry)	Yes	Select each of the following public health systems for which you intend to onboard.	
Click the Next Button			

Section 1: EHR Incentive Program Info			
Survey Question	Required?	Definition	Additional Information
Are you applying for Medicaid, Medicare, or Dual?	Yes	Click on the appropriate answer: Medicaid, Medicare or Dual.	
Are you registering as:	Yes	Click on the appropriate answer: Provider or Hospital	If you are registering for a Hospital the CCN# (Medicare Certification Number) is Required.
NPI# of Individual EP (Eligible Professional or Hospital NPI#	Yes	NPI numbers are required for all EPs and EHs in this column. NPI is a 10 digit number.	If you enter a NPI# that was previously submitted you will get an error message. If you have questions about your request, contact dph.helpdesk@illinois.gov
Physician License Number	Yes, for Cancer Registry only		
Name of Individual Professional or Individual Eligible Hospital	Yes	Add the EH's or EP's (Doctor/Nurse Practitioner) name that is the owner of the NPI# listed.	
CCN#	No	Add the 6 digit CCN# number of the Eligible Hospital's (EH) in this field.	The CCN# (Medicare Certification Number) is required if it is a hospital site that is registering.
Start Date	Yes	This is the start date for this facilities 90-day attestation reporting period.	Use the format MM/DD/YYYY.
End Date	Yes	This is the end date for this facilities 90-day attestation reporting period	Use the format MM/DD/YYYY.
Click the Next Button			
Section 2: Site Information			
Site Name	Yes	Add the Provider or Hospital site name here.	
Street Address	Yes	Add the street address of the Provider or Hospital site name here.	
City	Yes	Add the City of the Provider or Hospital site name here.	
Postal Zip Code	Yes	Add the Postal Zip Code of the Provider or Hospital site name here.	
County	Yes	Add the County of the Provider or Hospital site name here.	
Type of Practice	Yes, for Cancer Registry only	Enter type of practice such as medical oncology, hematology	
Practice Association with other Medical Practices, if any	No		

Primary EP or EH Contact			
Survey Question	Required?	Definition	Additional Information
Name	Yes	Add the Primary EP or EH contact name here. This person should be a site's Office Manager, a Health System/PHO Administrator, or Other Person assigned to work on the site's behalf.	This is the person that will receive their MCIR HL7 test message submission instructions from State of Illinois. This information incudes their authentication credentials (Facility userid & secure password).
Position	Yes	Add the Position of the EP/EH contact.	
Phone	Yes	Add the phone number of the EH or EP contact here.	
Survey Question	Required?	Definition	Additional Information
Email	Yes	Add the email address of the EP or EH contact name here.	
Is this person a Certified Tumor Registrar (CTR)?	No		
Click on the Next Button			
Section 3: Site ICARE Information (if you selected ICARE, you will be presented with the following questions):			
Tax ID	No	Needed by HFS for auditing purposes	
Reporting to ICARE via Illinois Health Information Exchange or the Illinois Public Health Node	No	This informs IDPH if the provider/hospital has already been assigned an account to send data in production	
EHR configured to capture the ICARE HL7 fields?	Yes, for ICARE only	If you know that your EHR captures the required ICARE fields, click Yes to this question.	Informs IDPH that the provider has reviewed ICARE's HL7 specifications and is sending the required fields.
Does the site participate in the Illinois Vaccines for Children (VFC) program?	Yes, for ICARE only	If you participate in the VFC program, click Yes	This means that you have enrolled in the VFC program to order and receive shipment of free vaccines from IDPH for patients younger than 19 years of age that are on Medicaid, underinsured, uninsured, or Native American/Alaskan Native. Additional fields in the HL7 message are required for VFC providers.
Click on the Next Button			

Section 4: Health Care EHR			
Survey Question	Required?	Definition	Additional Information
Health or Provider Organization Affiliation	Yes	The Health or Provider Organization Affiliation name will be prefilled with the Name of the Provider or Hospital Site Name.	
EHR Information			
Current EHR Vendor	Yes		
EHR Product & Version	Yes		
ONC Certified EHR Number	Yes	The ONC# must be 15 digits with a combination of letters and numbers.	Click on this link to find your ONC# (The Office of the National Coordinator for Health Information Technology – Certified Health IT Product List): ONC Certified EHR Number
What Version of the HL7 is the EHR using?	Yes	Choose 2.3.1, 2.5.1 or both versions from the drop down choices.	The certified EHR should support HL7 version 2.3.1 and/or 2.5.1.
Technical (IT) Contact Person			
Technical Contact Name	Yes	This should be a Health System IT support person or can be the EHR Vendor support person.	
Technical Contact Position	Yes		
Technical Contact Phone	Yes		
Technical Contact Phone Extension	Yes		
Technical Contact Organization	Yes		
Technical Contact Email	Yes		
Where the IDPH Meaningful Use Confirmation Will be Sent			
Name	Yes	This is an official notice that their MU HL7 test message was successfully validated by IDPH. Add the Name of the person that you want to receive a copy of the IDPH confirmation.	This confirmation will also be sent out in an email to the Technical Contact person. The person that receives this letter should make sure it gets forwarded to the EP(s) or EH(s) that is attesting for the MU incentive.
Position	Yes	Add the position of the person here.	
Address	Yes	Add the address here.	
City	Yes	Add the name of the City here.	
Zip	Yes	Add the zip code here	
Email	Yes	Add the email address here	
Click the Next Button			

Verify Your Data: A review screen will appear. Please verify that all the data entered are correct. You are able to save, refresh, or print that data presented on this page by clicking the appropriate icons on the right-side of the navigation pane.

Confirm: Click the link at the bottom of the screen to confirm this information is correct.

Submit: You will receive this message if your information was submitted successfully: Congratulations. Your request has been successfully submitted for processing.

Next Steps:

1) Your information will be verified by IDPH staff
2) You are now in IDPH's on-boarding queue. Please await invitation from IDPH, at which time questions and assistance can be provided. Due to high demand for public health reporting, IDPH will prioritize those in the testing and validation phase, as resources allow.